

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

Duplicate License Request

INSTRUCTIONS: Please print using blue or black ink. This form may be used to request a duplicate practitioner or establishment license. The form must be completed and returned to the Board's office, along with the required items listed below.

Required items:

1. A completed Duplicate License Request Form (this form).
2. A check or money order for the \$2.00 service fee. Please note that the service fee applies to each license you want to duplicate.
3. A legible copy of your driver's license.

Applicant Information:

Last Name		First Name (no nickname)		Middle Name		
Address		Apt #	City		State	Zip Code
Phone Number ()	Gender MALE FEMALE	Race Black White Am. Indian Hispanic Asian Alaskan Native				
Marital Status	SSN	Date of Birth		Place of Birth (city/state/country)		

License Information:

Which license(s) do you want duplicated? (circle all that apply)					
Cosmetology	Manicure	Aesthetician	Instructor	Electrology	Establishment

Reason for duplication request:

<input type="checkbox"/> Original license was lost/destroyed <input type="checkbox"/> Original license was never received <input type="checkbox"/> Licensee is owner of more than one salon <input type="checkbox"/> Licensee is also a working instructor <input type="checkbox"/> Licensee is requesting a name change (please attach a copy of a legal document to substantiate the name change, such as a marriage certificate, divorce decree, court order, etc.)
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By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

Printed Name	Signature	Date
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DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

Date	Amount	ID Number	Receipt Number
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